

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11390**  
Registrar's No. **3218**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3218</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>				c. CITY OR TOWN <b>Overland</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>4 weeks</b>				b. COUNTY <b>Missouri</b>		St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Mo. Baptist Hospital</b>				No. STREET ADDRESS (If rural, give location) <b>2815-Woodson Road</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<b>Minnie Louise Schubert</b>							
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<b>Mar. 27, 1956</b>		<b>Female</b>		<b>White</b>		<b>Widowed</b>	
8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
<b>May 7, 1885</b>		<b>70</b>		Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>S.W. Bell Tel. Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>Henry Holt</b>				13b. MOTHER'S MAIDEN NAME <b>Dorthea Neuhauf</b>		14. NAME OF HUSBAND OR WIFE <b>John M. Dcd.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>491-26-4672</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dora Hohlt 1908-Dodier St. St. Louis</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Myocardial damage</b>				<b>3 1/2 mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				3 1/2 mo.	
ANTECEDENT CAUSES		DUE TO (b) <b>Anemia Iron Deficiency</b>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
						<b>291X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11/29</b> , 19 <b>55</b> , to <b>3/27</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3/26</b> , 19 <b>56</b> , and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. A. Noller M.D.</b>				23b. ADDRESS <b>2438 Woodson Rd.</b>		23c. DATE SIGNED <b>3/28/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-30-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Baden, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 30 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thurman B. Brown</b>		ADDRESS <b>2504-Woodson Rd-Overland, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *34*.....

P. O. Address *Charlottesville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.